

## DURERI IN SPATE SI CALITATEA VIETII LA PACIENTII CU SINDROMUL DE SPATE OPERAT MULTIPLU

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**Introducere.** Raspindirea a durerii in spate are nivel de 40-80%, morbiditatea ei sta la 3-lea loc dupa bolile cardio-vasculare si oncologice. In 20-30% din toate casurile durerea este provocata de herniile in dicurile inervertebrale lombare, tratamentul chirurgical al carora poate provoca disvoltarea al sindromului de spate operat nereusit.

**Scop.** Aprecierea clinico-neurologica al rezultatelor postoperatorii la pacientii cu dureri in spate si concretizarea factorilor care influentez la aceste rezultate si care pot provoca aparinta recidivelor de durari.

**Material și metode.** Studiere a inclus 45 pacienti cu dureri în spate, care au fost operat anterior. Date registrate: anamneza, examinarea neurologica standarta, chestionarul Oswestry, chestionarul de Depresie si Anxietate Intraspitaliceasca, Scala Visuala Analogica(SVA).

**Rezultate.** Vârsta medie a fost 56 (18-70 ani), 71% - din mediul rural. La 70% a fost dezvăluit caracter cronic al durerii. Mai mult de o dată au fost operat 67% de pacienti. Durata medie a durerii a fost de 8 ani. Dureri de spate locale a dezvăluit în 53%, la 46% dureri iradiau în picior la diferite niveluri. În 51% agravarea durerii a fost asociata cu un efort fizic. Alte acuze: amorțeală în picioari 45%, slăbiciune musculară 26%, încălcare diurezei 20%, senzație de arsură 23%, dureri de cap 40%, dureri în piept 20%, dureri abdominale 23%. După SVA 46% de pacienti au marcat nivel de durere între 6-9 puncte. În 48% intensitatea durerii după operatie a crescut. Rata desadaptarii a compus 56%. Anxietatea și depresia au rată de 46% și 33% respectiv.

**Concluzii.** Pacientii cu sindrom de spate operat nereusit sunt mai în vârstă, au o frecvență mai mare de exacerbari, intensitatea si durata de durere, nivelul diferit de iradiere și alte acuze. Cu acest sindrom sunt asociate: desadaptarea, anxietate și depresie.

**Cuvinte cheie.** Hernie de disc lombar, dureri in spate, anxietate, depresie.

## LOW BACK PAIN AND QUALITY OF LIFE IN PATIENTS WITH FAILED BACK SUGERY SYNDROME

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**Introduction.** Prevalence of low back pain reaches 40-80%, morbidity takes third place after cardiovascular and oncological diseases. In 20-30% of cases it is caused by herniated discs, surgical treatment of which may cause failed back surgery syndrome (FBSS).

**Purpose.** Clinical and neurological evaluation of surgical treatment results in case of patients with low back pain and clarifying the factors affecting the outcome of the operation and the appearance of recurrent pain syndrome.

**Material and methods.** Were included 45 patients with low back pain operated previously on herniated discs. Registered parameters: anamnesis, standard neurological examination, Oswestry questionnaire, Hospital Anxiety and Depression Scale (HADS), Visual Analogue Scale (VAS).

**Results.** Average age 56 (18 to 70 y.o.), 71% - from rural areas. In 70% was revealed chronic character of pain. More than once have been operated 67% of patients. The average duration of pain was 8 years. Local back pain revealed in 53%, in 46 % pain irradiated in the leg at different levels. In 51% exacerbation of pain was associated with physical effort. Other complains: numbness in the legs 45%, muscular weakness 26%, violation of diuresis 20%, burning sensation 23%, headache 40%, chest pain 20%, abdominal pain 23%. After VAS 46% of patients marked level of pain between 6-9 points. In 48% of cases the intensity of pain after surgery increased. Disadaptation rate composed 56%. Anxiety and depression rate are 46% and 33% respectively.

**Conclusions.** Patients with failed back surgery syndrome are older, have a higher frequency of exacerbations, intensity and duration of pain, different irradiation and many other complaints. With FBSS were associated: disadaptation, anxiety and depression.

**Key words.** Herniated disc, low back pain, anxiety, depression.